The End of Life Assistance Bill Committee
T3.60
The Scottish Parliament
Edinburgh
EH99 1SP

April 24th 2010

Dear Committee,

I am writing to indicate my concern regarding Margo MacDonald's End of Life Assistance (Scotland) Bill.

Last year due to my concern I wrote to both Margo MacDonald and my MSPs. I am copying below the substance of my letter to the MSPs and will attach a copy of the letter I wrote to Margo MacDonald.

I believe that the law as it stands protects people in a vulnerable position. A patient facing a chronic or terminal illness needs the best holistic care available and I have seen first-hand the difference that good palliative care can make to someone's life, renewing their dignity as a person, and caring for them even at the bleakest moments of their life.

I have great sympathy for Margo MacDonald and the fears she has expressed but I cannot agree with her conclusions regarding end-of-life issues. I am attaching a copy of the letter I have sent to her and hope that it will be helpful to you as you discuss the implications of the proposed legislation. I am sending this letter to you and each of my MSPs and hope that you will forgive me for not drafting a letter to each of you individually.

I hope that you will forgive me using a quote from my letter rather than writing my submission from scratch, but health problems make this difficult.

My views remain the same only I wish that I could articulate more clearly how much the proposals in the ELA Bill concern me.

Thank you for taking time to read my letter; please feel free to contact me if you want to discuss anything I have written.

Your sincerely,

Jane de la Haye (Mrs)

Copy of letter to Margo MacDonald MSP attached
Margo MacDonal MSP
The Scottish Parliament
Edinburgh
EH99 1SP

February 11th, 2009

Dear Margo MacDonal,

I am writing in response to the consultation document on your proposed End of Life Choices (Scotland) Bill. I have great sympathy for your own situation but my own experiences and personal beliefs make me come to a very different conclusion regarding end of life issues.

Although only 50 years old, I suffer from a debilitating illness which affects my daily life and means that, to a large extent, my husband is also my carer. I am unable to earn my living, and my husband has recently resigned his chosen profession in order to get work that can be better geared to my needs. I am therefore all too aware of some of the difficulties that surround the issues you are discussing.

However, far from wanting the law to be changed to make assisted suicide legal, I think that the law needs to be clarified and tightened, if necessary, to protect vulnerable people.

I have seen first-hand the difference that good palliative care can make to someone who is suffering a painful, terminal illness, and think that there should be better provision made for patients to get the on-going care that they need.

My mother, who had poor health for all of her adult life, developed breast cancer, which despite treatment later spread to her bones. Latterly, for the last two years of her life she needed 24-hour care and was totally dependent on others for all her personal needs. Despite the indignity of the illness and the pain, which necessitated a heavy cocktail of medicines, those two years were very precious ones. She trusted implicitly those who were nursing her, knowing that they would help her through the bleakest of days. She had no fear that her life would be ended when depression hit her, or when the balance of drugs went awry and the pain was severe until control was regained, because she trusted her doctor and those who were treating her. This would not have been the case if assisted suicide had been an option as legalising physician-assisted suicide would have undermined that relationship. The vulnerability of her situation, under those conditions, despite safeguards, would have been frightening.

I think that patients without access to good palliative care can too often end up feeling that they are a burden, financially or otherwise. If assisted suicide were an option, patients in such a vulnerable condition might feel that they ought to take that route. Depression, an illness in its own right, could easily make a person feel not that they have a 'right to die' but rather, a 'duty to die'.

I do understand the bleakness of a difficult diagnosis but believe that more funding should be made available to improve access to holistic and palliative care—and not restricted only to cancer patients—giving people dignity in their living rather than changing the law to allow doctor-assisted dying.
I appreciate having the opportunity to sharing a little of my own experience; thank you for taking time to read this letter. I hope that you can take into account my response as you debate these very difficult end-of-life issues.

Yours sincerely,

Jane de la Haye (Mrs)